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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): **P. E. Thomas and
T.P. Marsh** Examiner: **M. Hand**
GroupArt: **3761**
Application No.: **10/600,181** Confirmation No: **9696**
Filing Date: **June 20, 2003** Atty. Docket No. **15838-243002**
Title: **ACQUISITION DISTRIBUTION LAYER HAVING VOID VOLUMES
FOR AN ABSORBENT ARTICLE**

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any papers indicated as being enclosed, are being deposited as First Class Mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, Mail Stop: Amendments, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 11, 2006

Janet M. Karrmann
Janet M. Karrmann

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION DATED JANUARY 11, 2006

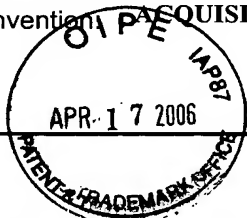
Sir:

This Reply is being filed in response to the non-final Office Action dated January 11, 2006, having a three-month shortened period for response set to expire on April 11, 2006. If any fees are required in order to continue the prosecution of this application, the Office is authorized to charge such fees to Deposit Account 19-5425.

Please enter the amendments to the specification on page 2 of this correspondence and the amendments to the claims as provided for on pages 3-10 of this correspondence. Applicants' Remarks begin on page 12.

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **P.E. Thomas and T.P. Marsh**

Docket No.

15838-243002Application No.
10/600,181Filing Date
June 20, 2003Examiner
M. HandCustomer No.
53476Group Art Unit
3761Confirmation No.
9696Invention: **ACQUISITION DISTRIBUTION LAYER HAVING VOID VOLUMES FOR AN ABSORBENT ARTICLE****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	40 =	1	x \$50.00	\$50.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$50.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
SignatureDated: **April 11, 2006**

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April 11, 2006

(Date)

Signature of Person Mailing Correspondence**Janet M. Karrmann**

Typed or Printed Name of Person Mailing Correspondence

CC: